



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
Revenue and Enforcement Division
225 N. Hill Street, RM 109
P.O. Box 54970
Los Angeles, CA 90054-0970

Telephone
(213) 974-2011
Telecopier
(213) 633-5427

September 20, 2012

BLUESKY N MAEKONG
THAI BODYWORKS
22637 PACIFIC COAST HWY
MALIBU, CA 90265

NOTICE OF DENIAL

Your application for a MASSAGE PARLOR-GENERAL Business License, I.D. # 139570 located at; 22637 PACIFIC COAST HWY, MALIBU, CA 90265 **IS NOT RECOMMENDED** for approval by the following agency listed below:

SHERIFF FINGERPRINT
ATTN: REDA BISHAY
(562) 946-7051

DENIED PER 7.08.080(C) LACC.

You have a right to a hearing and may request a hearing before the BUSINESS LICENSE COMMISSION within (5) business days after the receipt of this letter. Your request for a hearing must be in writing and addressed to:

**BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET ROOM 374
LOS ANGELES, CA 90012**

If you have further questions please contact the agency above.

Very truly yours,

MARK J. SALADINO
Treasurer and Tax Collector

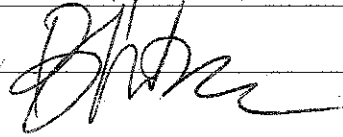
Cristina M. Hernandez
Business License Section
Revenue and Enforcement Division

10/2/12

To whom may it concern.

I would like to a hearing and my request had been lately after (5) business days according to I were in hospital for Angkle operation and I attached the copy of doctor.

Thank you for your consideration
very truly and Warm regards,



(Bluesky Maekong)

Tel. (

cell

Bluesky Maekong @live.com

PRE-OPERATIVE INSTRUCTIONS (TEACHING RECORD)

Your surgery is scheduled:

Date: 9/14 Time: 1:00 ☐ AM / ☐ PM Please arrive at: 12:00 noon ☐ AM / ☐ PM

The following instructions are designed to provide you with safe and comfortable surgical and anesthesia experience. Please follow instructions carefully.

- ☒ DO NOT EAT OR DRINK ANYTHING, EVEN WATER AFTER MIDNIGHT on the night before surgery unless your anesthesiologist instructs you differently.
- ☒ Unless otherwise instructed by your physician, take heart, blood pressure, asthma, acid reflux or seizure medication with a sip of water. Bring all prescribed inhalers, eye drops and insulin with you.
- ☒ Discontinue all herbal products, any aspirin, anti-inflammatories, blood thinners one week prior to surgery.
- ☒ You may brush your teeth and gargle on the morning of surgery but do not swallow any water; no gum or mints.
- ☒ Shower or bathe the night before and/or the morning of surgery; no lotions or powder on your body.
- ☒ If you smoke, do not do so after midnight. ☐ Smoking cessation literature provided.
- ☒ Notify your doctor if you develop any signs of illness before the date of your surgery. Report symptoms such as fever, sore throat, breathing difficulties, chest pain, rash, or abrasion in area of surgery site.
- ☒ DO NOT wear or bring jewelry or valuables to the hospital. Do bring a case for glasses, contacts, hearing aids.
- ☒ Wear casual, loose fitting clothing. Patients remaining in the hospital bring robe, slippers and personal grooming items.
- ☒ Bring crutches/walker/other equipment i.e. CPAP machine, if applicable, to the hospital.
- ☒ You could be/will be admitted to the hospital after surgery.
- ☒ ARRANGE FOR SOMEONE TO DRIVE YOU HOME. For safety you will not be permitted to drive home after sedation or anesthesia. You must have a responsible adult available for the first 24 hours.
- ☐ **Minors:** Patients under 18 years of age must be accompanied by a parent or legal guardian who must remain in the hospital until the patient is discharged.
- ☐ **In-Patients:** Bring only routinely prescribed medications in the original container with the prescription label. Do not bring narcotics, sedatives or over the counter medications with you. Discharge time is 11:00am.
- ☐ Record date and time last medication taken.

☒ ADDITIONAL INSTRUCTIONS:

Bring Special Shave

☒ It is important to Pre-Register prior to day of surgery or case may be delayed.

RN Signature:

[Signature]

Date:

9/11/12

Time:

6p

Patient/Representative Signature:

[Signature]

Date:

9/11/12

Time:

6p



Thousand Oaks Surgical Hospital
401 E. Rolling Oaks Drive • Thousand Oaks, CA 91361 • (805) 777-7750

PRE-OPERATIVE INSTRUCTIONS
(Teaching Record)
MR152 Revised /Reviewed 4/12

MAEKONG, BLUESKY
HURLESS, JEFFREY S. D.P.M.
09/14/12 F

Thousand Oaks Surgical Hospital



DISCHARGE INSTRUCTIONS

Discharged per: ☒ wheelchair ☐ ambulatory

Discharged to: ☐ home ☐ other _____

☒ A responsible adult should remain with you for 24 hours. **DO NOT** drive, drink alcohol, make legal decisions or be responsible for another person as long as you are taking pain medication. You may experience drowsiness, nausea, muscle soreness or throat irritation.

CALL YOUR DOCTOR IF YOU HAVE ANY OF THE FOLLOWING:

1. Fever of 101°F or higher.
2. Pain unrelieved by pain meds.
3. Persistent nausea and/or vomiting.
4. Persistent bleeding.
5. Incision red, inflamed, and/or purulent drainage.
6. Inability to urinate within 8 hours.
7. Operated extremity that becomes cold to touch, blue, tingling, numb, has excessive swelling or pain.
8. Difficulty breathing, Call 9-1-1.

ACTIVITY

- ☐ Resume normal activities.
- ☒ Do not exercise, engage in sports, heavy work or heavy lifting until your doctor gives you permission.
- ☐ Other: _____

OPERATIVE SITE

- ☒ Keep dressing dry. Remove dressing on _____
- ☐ Wash your hands before & after touching dressing to prevent MRSA
- ☒ Doctor will remove dressing. ☐ Do not remove steri-strips.
- ☒ Icebag to Operative site.
- ☒ Shower ☐ Tub bath ☐ Sponge bath _____
- ☐ Shoulder strap pain after laparoscopic surgery 48-72 hours is possible. Frequent position changes may help.
- ☐ Other: _____

ORTHOPEDICS

- ☒ Keep arm/leg elevated above the level of your heart.
- ☐ Use crutches/walker. ☐ May not bear weight
- ☒ May bear weight ☒ To tolerance ☐ Partial
- ☐ Sling
- ☒ Other: Use post op shoe

GYNECOLOGY: D&C/LAPAROSCOPY (Pelvic Rest)

- ☐ No douching, intercourse, or tampons.
- ☐ No tub baths, jacuzzi, or swimming.
- ☐ If saturating more than one pad an hour or passing clots, call MD. Some vaginal discharge is normal.

DIET

- ☒ Begin with a clear liquid diet. Avoid fatty or spicy foods. Drink plenty of liquids. If no nausea you may progress to a regular diet.
- ☐ Other: _____

ADDITIONAL INSTRUCTIONS

- ☐ Tonsil diet
- ☐ JP drain record & instructions
- ☐ Crutch training
- ☐ Foley catheter care
- ☐ MD's own instruction sheet
- ☒ Other: gait training

SPECIFIC

- ☒ Call your doctor's office to schedule/confirm a follow-up appointment for 9/20
- ☒ Call your doctor if you have problems or questions concerning your surgery.
- ☒ If you have an emergency and are unable to reach your doctor, go to the nearest Emergency Room.
- ☒ Dr. Hurless Phone: _____

MISCELLANEOUS INSTRUCTIONS

ADDITIONAL MEDICATIONS TO BE TAKEN AFTER DISCHARGE FROM THOUSAND OAKS SURGICAL HOSPITAL

- ☒ Resume your routine prescription medication.
- ☒ Take pain medication with food.
- ☐ Return patient's own medication.

Medication	Strength	Dose	Route	Frequency	Reason	Last Given
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Prescription called into: _____

INSTRUCTIONS REVIEWED BY: Anin Anello

DATE: 9/14/12 TIME: 1355 R.N. am / pm

PERSONAL BELONGINGS RECEIVED AND THE ABOVE INSTRUCTIONS WERE EXPLAINED AND UNDERSTOOD.

[Signature]
(Patient or patient representative)



Thousand Oaks Surgical Hospital

401 E. Rolling Oaks Drive • Thousand Oaks, CA 91361 • (805) 777-7750

MAEKONG, BLUESKY
HURLESS, JEFFREY S. D.P.M.
09/14/12 F

Thousand Oaks Surgical Hospital



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

912-00899

Pics

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 22637 PACIFIC COAST HWY, MALIBU, CA 90265

TELEPHONE: (310) 456-5575

OWNER OF BUSINESS: BLUESKY N MAEKONG

CAL. DR. LIC.#: DOB:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: THAI BODYWORKS

MAILING ADDRESS: 22637 PACIFIC COAST HWY, MALIBU, CA 90265

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

|| APPROVAL

X DENIAL

RECOMMENDATION: *Denies. per 7.08.080(c) LACC Applicant did not tell truth
truth when asked about prior arrests & convictions - introduced to District
DET Reporter & Prior Arrest & Conviction*

SIGNATURE: *[Signature]*

DATE: *9/18/12*

BASIC LICENSE NO. 5910

DATE 07/17/12

IDENTIFICATION NUMBER 139570

pk